
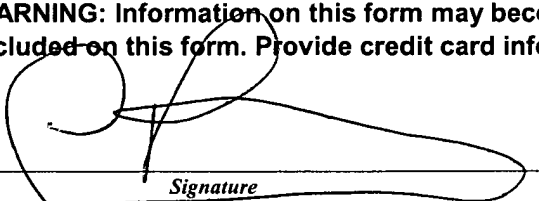
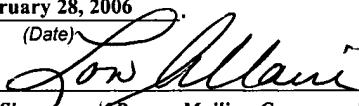


RCE
SPW

<div style="float: left; text-align: center;">PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) (Large Entity)</div> <div style="float: right; text-align: center;">Docket No. PZ9947</div> <div style="clear: both;"></div>					
In Re Application of: Stephen Gill, et.al.					
Application No. 10/069,691	Filing Date June 3, 2002	Examiner D. Jones	Customer No. 36335	Group Art Unit 1616	Confirmation No. 3741
Invention: Improved Container Composition for Radiopharmaceutical Agents					
<u>COMMISSIONER FOR PATENTS:</u> This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>November 29, 2005</u> above-identified application. <div style="text-align: center; font-size: small;">Date</div> The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-around; align-items: flex-start;"><div><input checked="" type="checkbox"/> One month</div><div><input type="checkbox"/> Two months</div><div><input type="checkbox"/> Three months</div><div><input type="checkbox"/> Four months</div><div><input type="checkbox"/> Five months</div></div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 5px;"><div>from: <u>January 29, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div></div><div>until: <u>February 28, 2006</u> <div style="text-align: center; font-size: x-small;">Date</div></div> The fee for the extension of time is \$120 and is to be paid as follows: <div style="margin-top: 5px;"><input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 502-665 <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. 502-665 <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div><div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"> <div style="text-align: center; font-size: x-small;">Signature</div><div>Craig Bohlken Reg. No. 52,628 Amersham Health, Inc. IP Department 101 Carnegie Center Princeton, NJ 08540 (609) 514-6530</div></div><div style="width: 50%; text-align: right;">Dated: February 28, 2006</div></div></div>					
03/05/2006 YPOLITE1 00000068 502665 10069691 02 FC:1251 120.00 DA CC:			<div style="font-size: x-small;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="text-align: center;">February 28, 2006 <div style="text-align: center; font-size: x-small;">(Date)</div> <div style="text-align: center; font-size: x-small;">Signature of Person Mailing Correspondence</div><div style="text-align: center;">Lori B. Allaire <div style="text-align: center; font-size: x-small;">Typed or Printed Name of Person Mailing Correspondence</div></div></div>		